

FIG. 2.

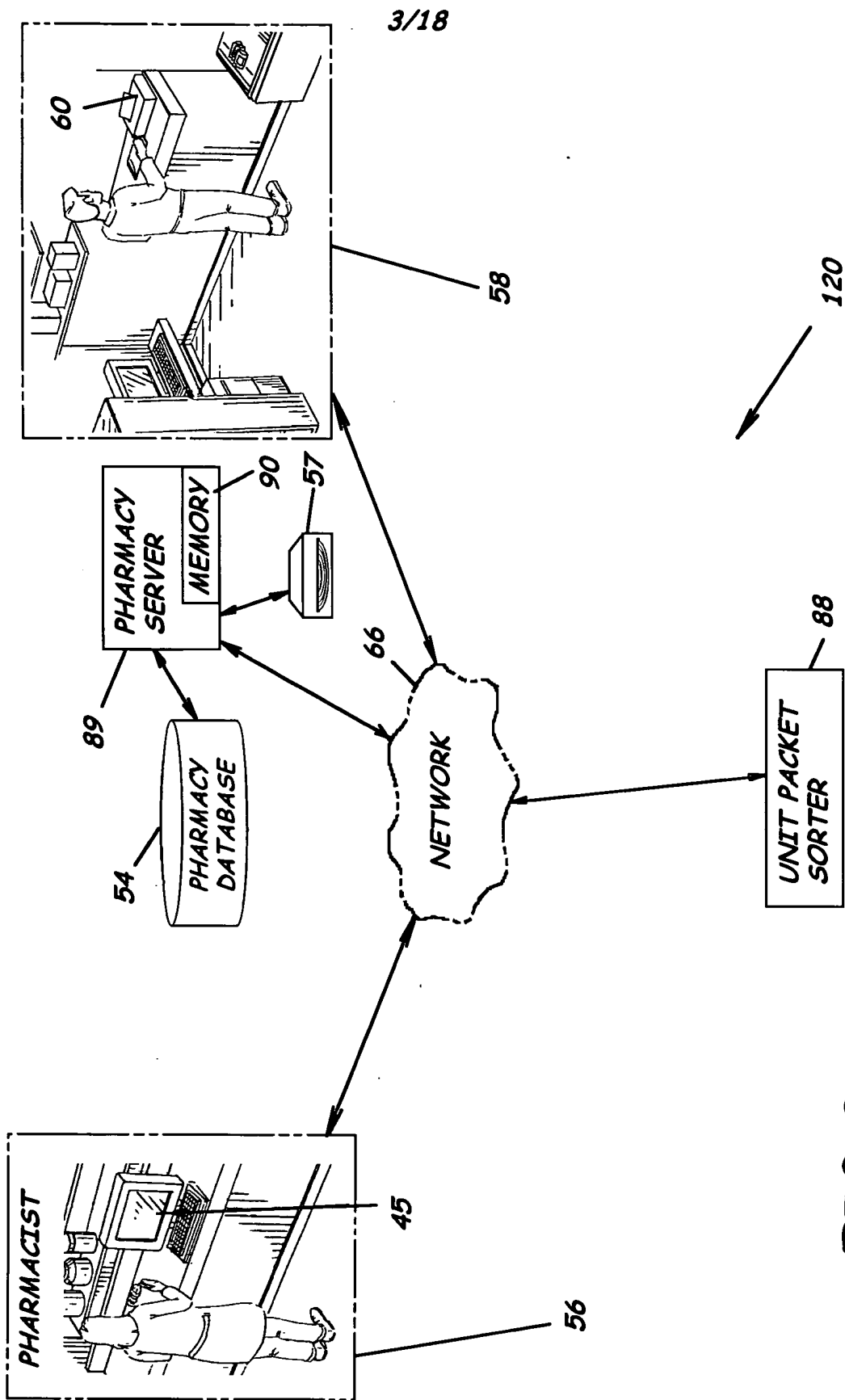
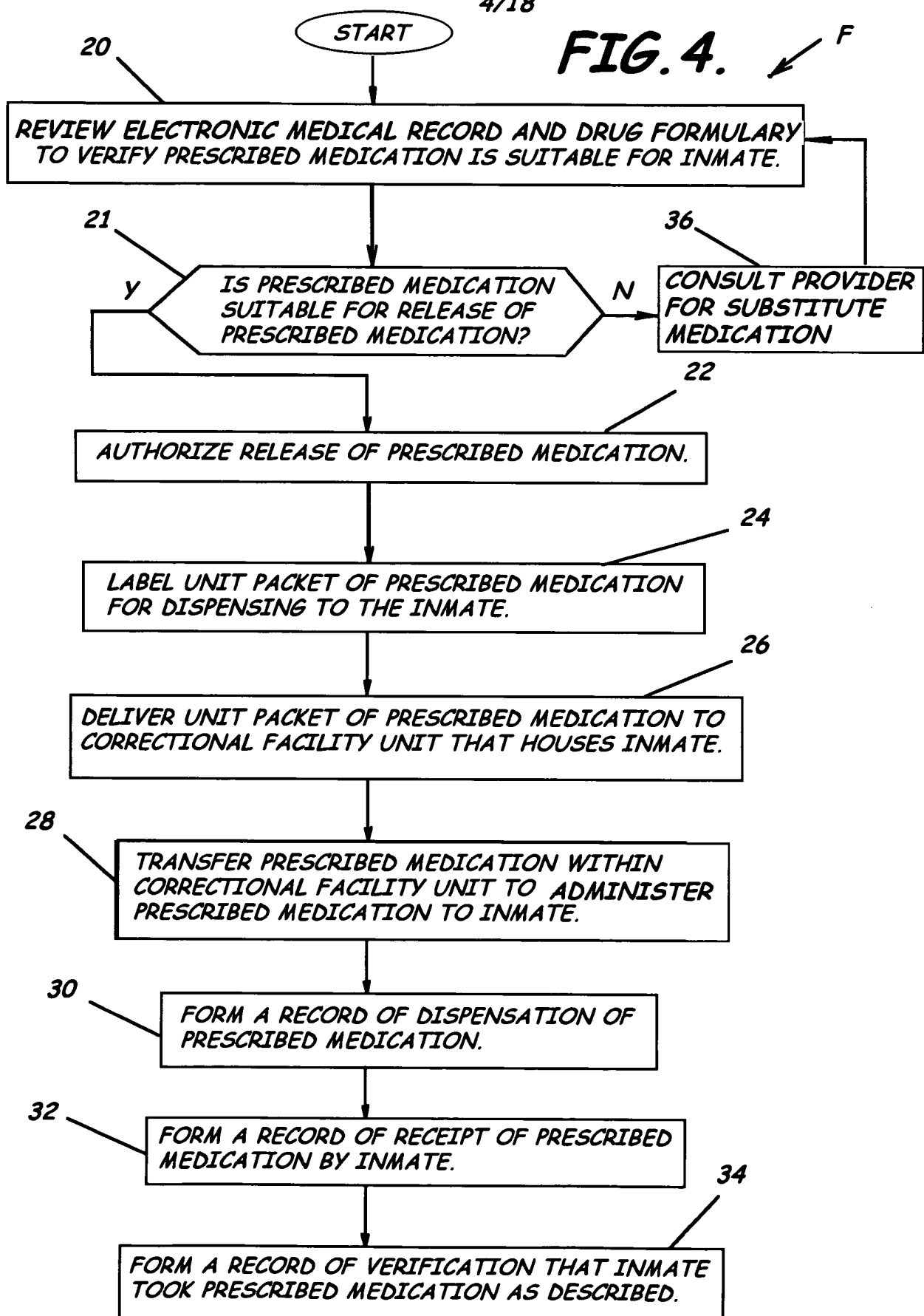


FIG. 3.

FIG. 4.

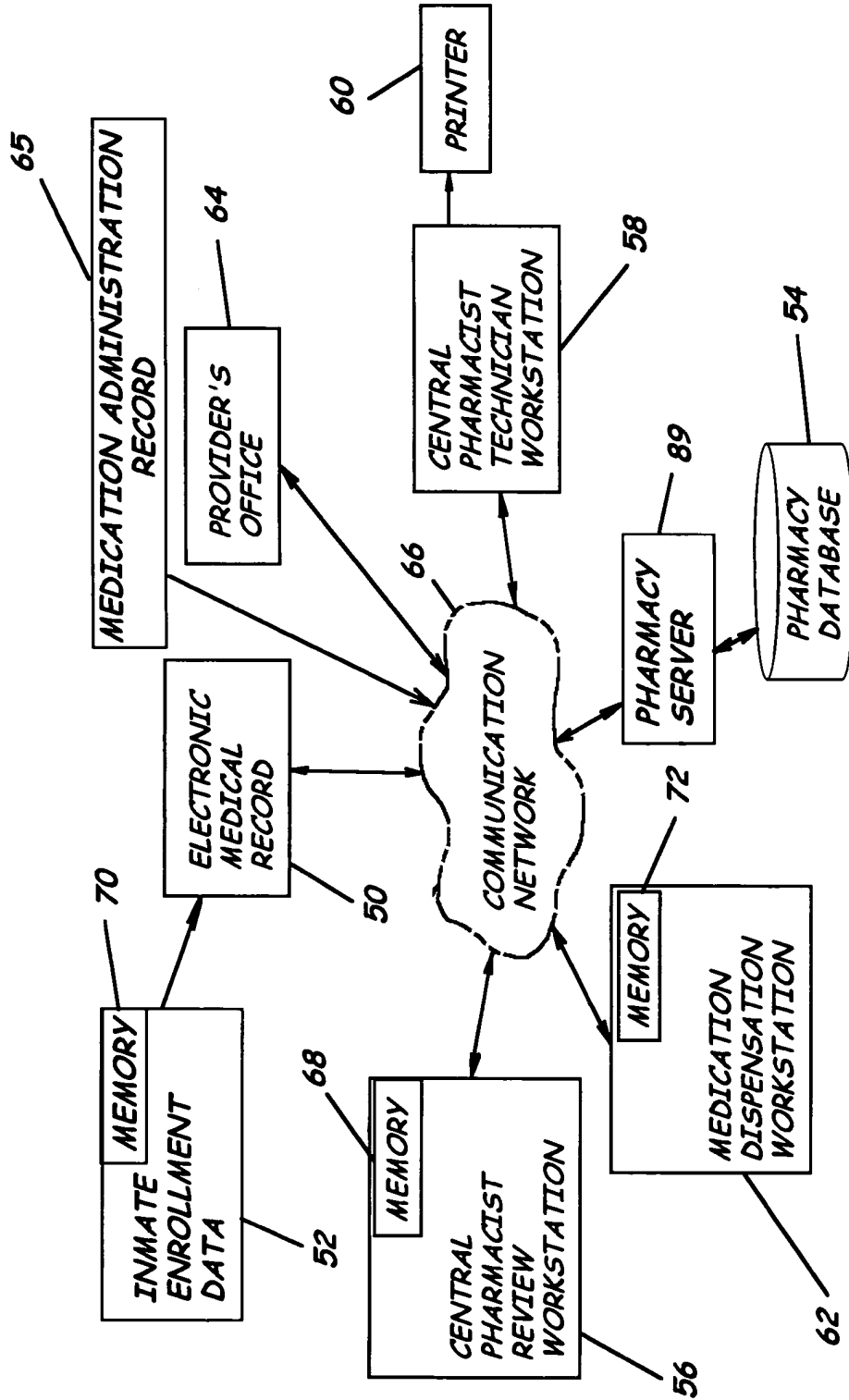


FIG. 5.

6/18

I

START

FIG. 6.

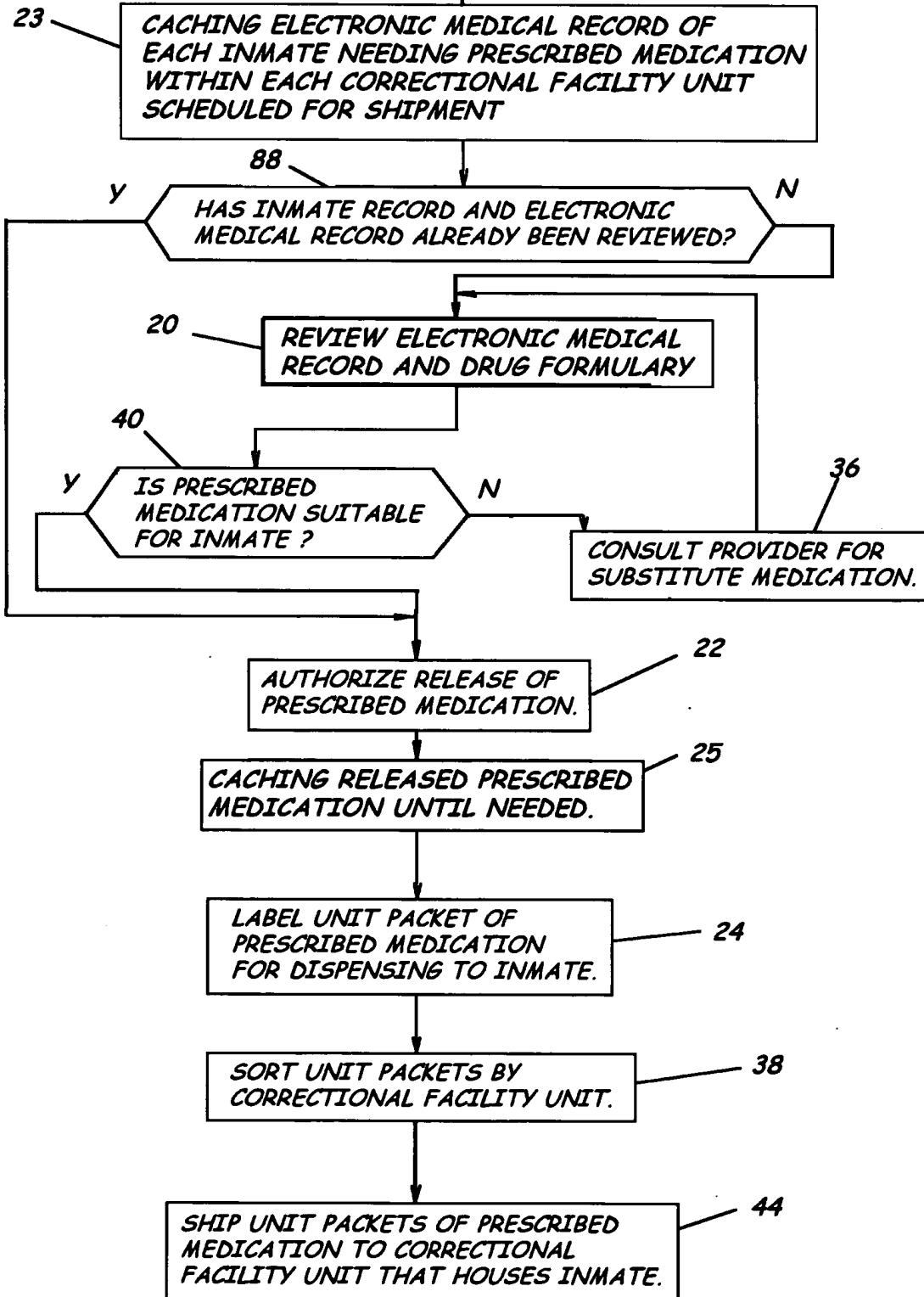
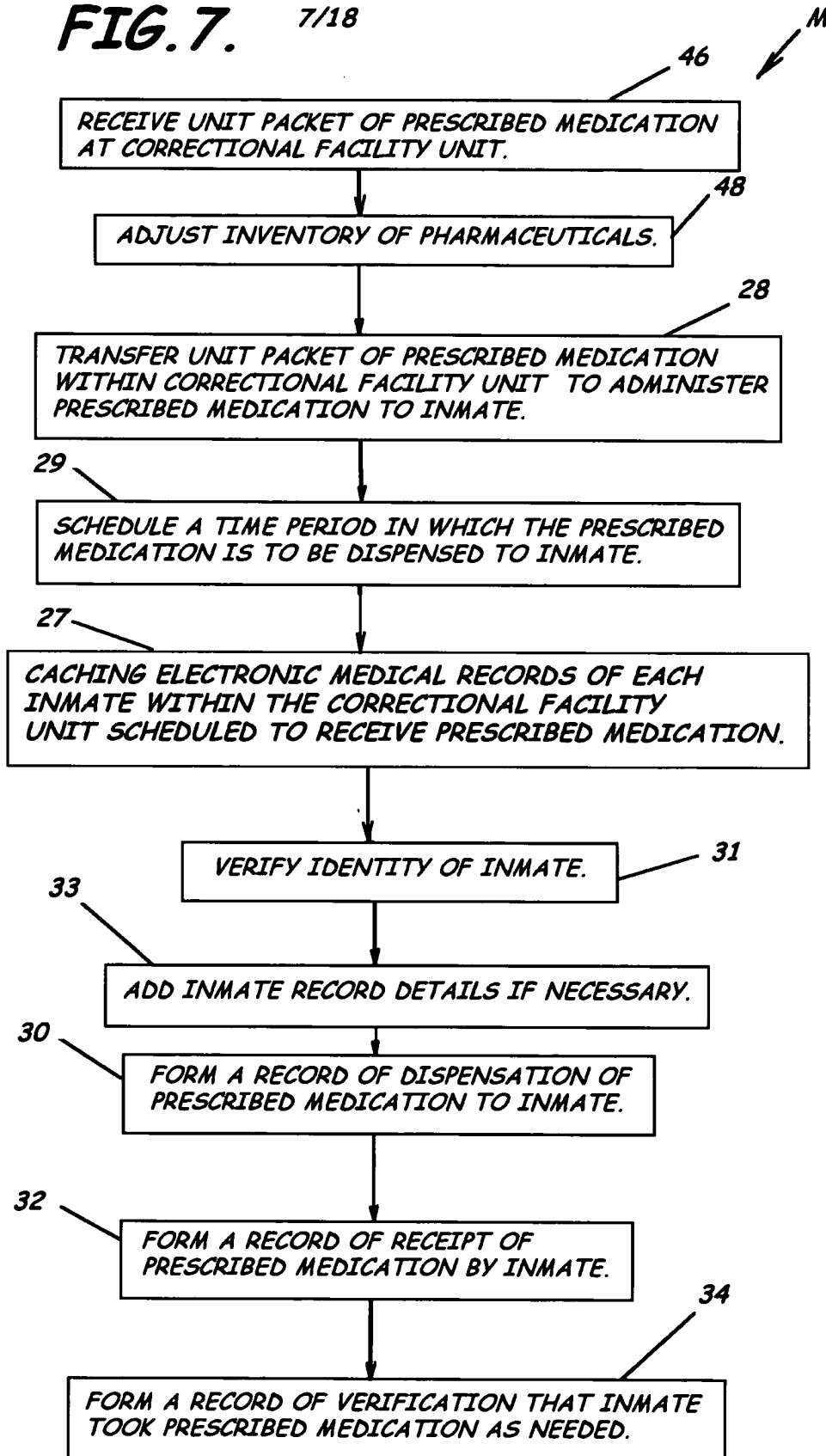
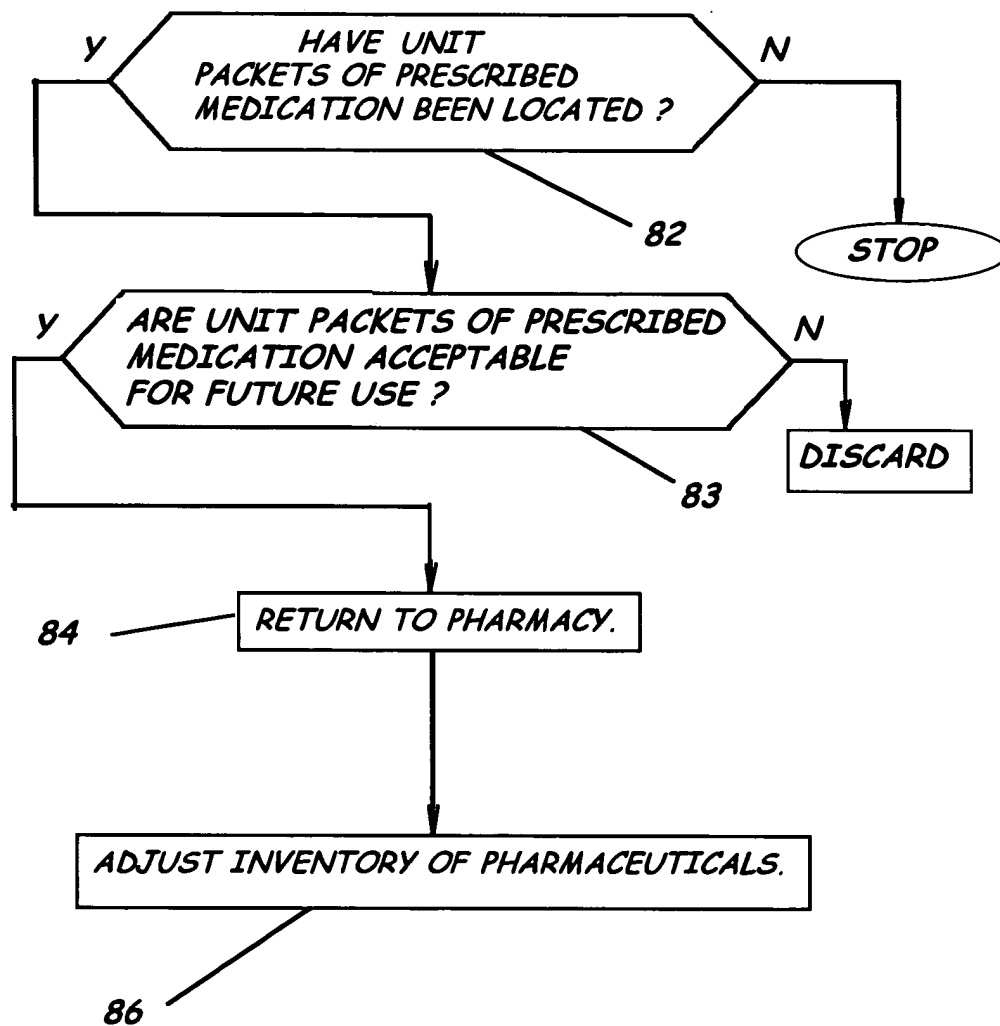


FIG. 7. 7/18



**FIG. 8.**

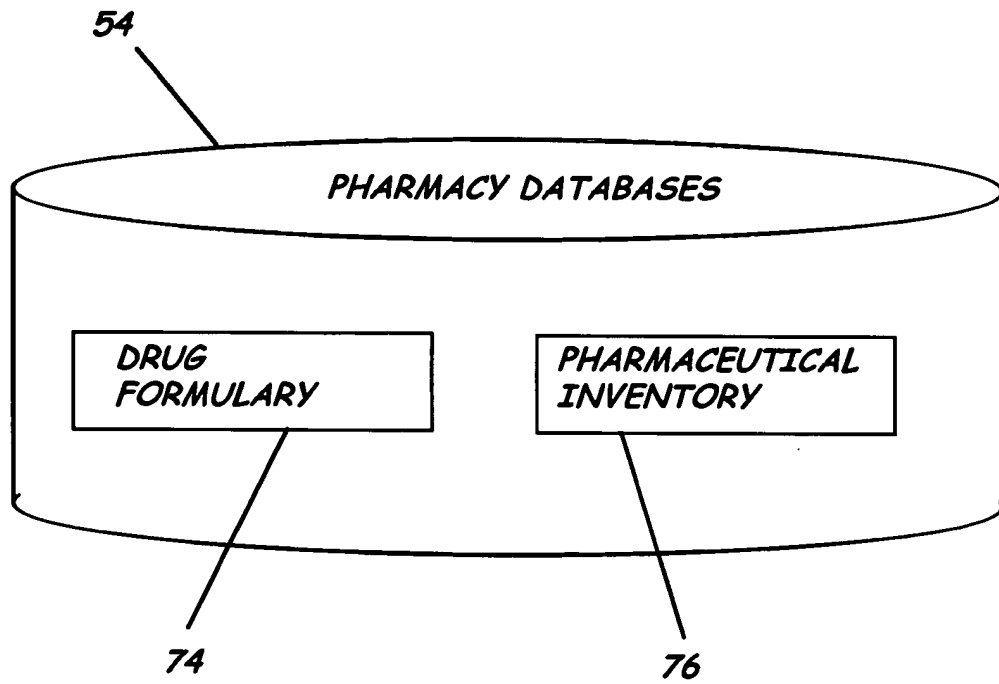


FIG. 9.

10/18

Facility

Username: Doe, John **Units To Wave Configuration** 1/24/2007 10:53

Group: TDCJ Units: 739 CO - CENTRAL Waves: 1

Wave 0 is the default wave.

	Unit ID	Unit Name	Facility Code	Wave	
Edit	BH	BRADSHAW	858	1	Delete
Edit	DB	BRISCO	860	1	Delete
Edit	DU	BYRD	861	1	Delete
Edit	CO	COFFIELD	865	1	Delete
Edit	CL	COLE	866	1	Delete
Edit	DA	DARRINGTON	871	1	Delete
Edit	DO	DOBOLL	873	1	Delete
Edit	BX	DOMINGUEZ	874	1	Delete
Edit	FE	FERGUSON	883	1	Delete
Edit	HT	HILLTOP	898	1	Delete
Edit	AH	HUGHES	901	1	Delete
Edit	HJ	HUTCHINS	904	1	Delete
Edit	J1	WESTER I	906	1	Delete

FIG. 10.

11/18

Facility

Username: Doe, John **Prescription Order Entry** 11/24/2007 1:21

Patient # 000008 Name MCCOOK, HICKS L

Entering For: Doe, John

Prescriptions:

Name	Dose Frequency	AS DIRECTED	Edit/Delete
CAPITROL 2% SHAMPOO	1	AS DIRECTED	Edit/Delete

<>

Allergies: ☐ No Known Allergies

Description	Delete
PENICILLINS	Delete
PENTAMIDINE	Delete
METRONIDAZOLE	Delete
AMPRENAVIR/SULFONAMIDE	Delete
NIACIN PREPARATIONS	Delete
PENTAZOCINE	Delete
BETALACTAMS	Delete
INFLUENZA VIRUS VACCINES	Delete
MACROLIDES	Delete
SWEETENERS	Delete
COX-2 INHIBITORS/SULFONYL MOETY	Delete
SYNTHETIC ANALGESICS	Delete
CARBAPENEM	Delete
LOOP DIURETICS	Delete
PENICILLINS	Delete

Build Date: 11/23/07
Last Modified: 07/20/2005 10:57:04 AM

FIG. 11.

BEST AVAILABLE COPY

12/18

Add/Edit Prescription

Drug Name:

Strength: Refills:

Route: Dose:

Normal Dose: Frequency: ☒ More

Rx Date: Duration:

Rx Time: Quantity:

Expires: Start Date:

Prior Authorization: # Days KOP: ☐ PRN

Dispense Method:

Special Instructions:

☐ Email Provider

Version: 1.0.0.0
Last Modified: 3/19/2003 4:26:20 PM

FIG. 12.

BEST AVAILABLE COPY

Drug and Allergen Data			
DRUG DRUG INTERACTIONS		There are no drug interactions.	
DRUG ALLERGEN REACTIONS			
Drug Name	Allergen Name	Allergen Group	Probability
DEMADEX 10MG TABLET	LOOP DIURETICS	LOOP DIURETICS	1
DEMADEX 10MG TABLET	SWEETENERS	LOOP DIURETICS/SWEETENERS	2
M-M-R II VACCINE	INFLUENZA VIRUS VACCINES	VACCINE AND TOXOID PREPARATIONS, COMBINATIONS/INFLUENZA VIRUS VACCINES	2
DUPLICATE THERAPIES			
Drug 1 Name	Drug 2 Name	Therapeutic Class	
APAP 160MG/5ML ELIXIR	ACETAMINOPHEN 325MG TABLET	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	

FIG. 13.

14/18

Username: Doe, John		Medication Profile		1/24/2007 8:44																																									
Patient ID #: 696608		Name: Doe, Jane																																											
Rx(s): 1. APAP 160MG/5ML ELIXIR 2. ACETAMINOPHEN 325MG TABLET 3. ACETAMINOPHEN 325MG TABLET 4. ACETAMINOPHEN 325MG TABLET 5. ACETAMINOPHEN 325MG TABLET 6. TETRACYCLINE 500MG CAPSULE 7. MYCOLOG II CREAM 8. MS CONTIN 30MG TABLET SA 9. DIAZIDE 50/25 CAPSULE 10. M-M-R II VACCINE 11. BABY SHAMPOO	Rx Properties:																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Rx Date:</td> <td style="width: 50%; padding: 2px;">3/18/2006</td> </tr> <tr> <td style="padding: 2px;">Rx Time:</td> <td style="padding: 2px;">11:33</td> </tr> <tr> <td style="padding: 2px;">Start Date:</td> <td style="padding: 2px;">3/18/2006</td> </tr> <tr> <td style="padding: 2px;">Status:</td> <td style="padding: 2px;">ACTIVE</td> </tr> <tr> <td style="padding: 2px;">State Commodity Code:</td> <td style="padding: 2px;">27082320055</td> </tr> <tr> <td style="padding: 2px;">Drug Name:</td> <td style="padding: 2px;">DEMADEX 10MG TABLET</td> </tr> <tr> <td style="padding: 2px;">Drug Strength:</td> <td style="padding: 2px;">10MG</td> </tr> <tr> <td style="padding: 2px;">Drug Form:</td> <td style="padding: 2px;">TABLETS</td> </tr> <tr> <td style="padding: 2px;">Provider:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Route:</td> <td style="padding: 2px;">ORAL(po)</td> </tr> <tr> <td style="padding: 2px;">Dosing/Special Instructions:</td> <td style="padding: 2px;">1 TABLETS ORAL(po) DAILY.</td> </tr> </table>		Rx Date:	3/18/2006	Rx Time:	11:33	Start Date:	3/18/2006	Status:	ACTIVE	State Commodity Code:	27082320055	Drug Name:	DEMADEX 10MG TABLET	Drug Strength:	10MG	Drug Form:	TABLETS	Provider:		Route:	ORAL(po)	Dosing/Special Instructions:	1 TABLETS ORAL(po) DAILY.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Last Taken Date:</td> <td style="width: 50%; padding: 2px;">3/25/2006</td> </tr> <tr> <td style="padding: 2px;">Last Taken Time:</td> <td style="padding: 2px;">8:43</td> </tr> <tr> <td style="padding: 2px;">Current Refill:</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;">Refills:</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;">Frequency:</td> <td style="padding: 2px;">QD</td> </tr> <tr> <td style="padding: 2px;">Last Dose #:</td> <td style="padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Total Doses:</td> <td style="padding: 2px;">8</td> </tr> <tr> <td style="padding: 2px;"># Times as KOP:</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;">Expires:</td> <td style="padding: 2px;">5/2/2008</td> </tr> <tr> <td style="padding: 2px;">Compliance Ratio:</td> <td style="padding: 2px;">25.00%</td> </tr> </table>		Last Taken Date:	3/25/2006	Last Taken Time:	8:43	Current Refill:	0	Refills:	0	Frequency:	QD	Last Dose #:	2	Total Doses:	8	# Times as KOP:	0	Expires:	5/2/2008	Compliance Ratio:	25.00%
Rx Date:	3/18/2006																																												
Rx Time:	11:33																																												
Start Date:	3/18/2006																																												
Status:	ACTIVE																																												
State Commodity Code:	27082320055																																												
Drug Name:	DEMADEX 10MG TABLET																																												
Drug Strength:	10MG																																												
Drug Form:	TABLETS																																												
Provider:																																													
Route:	ORAL(po)																																												
Dosing/Special Instructions:	1 TABLETS ORAL(po) DAILY.																																												
Last Taken Date:	3/25/2006																																												
Last Taken Time:	8:43																																												
Current Refill:	0																																												
Refills:	0																																												
Frequency:	QD																																												
Last Dose #:	2																																												
Total Doses:	8																																												
# Times as KOP:	0																																												
Expires:	5/2/2008																																												
Compliance Ratio:	25.00%																																												

FIG. 14.

15/18

Username: Doe, John		Unit Receipt		1/24/2007 8:53						
DOE, JANE		Manifest: <input type="text"/>								
Rx ID	Packs Sent	Packs Received	Patient ID	SCORSE	Drug Name	Strength/Units	Quantity	Date Sent	Ordering Unit	
1482637	2	0	DOE, JANE	1069262	27030220209	ERYTHROMYCIN BASE	333MG TABS	0	3/24/2008 12:50:00 PM	LT - 871
1482638	2	0	DOE, JANE	1069262	27030780459	ESTROGENS, CONJUGATED	2.5MG TABS	0	3/24/2008 12:50:00 PM	LT - 871
1482639	2	0	DOE, JANE	1069262	27030780459	ESTROGENS, CONJUGATED	2.5MG TABS	0	3/24/2008 12:50:00 PM	LT - 871
1482818	2	0	DOE, JANE	598808	27087130806	ZAFIRLUKAST	20MG TABS	0	3/24/2008 12:50:00 PM	DA - 871
1482819	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
1482820	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
1482821	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
1482822	2	0	DOE, JANE	598808	27006450806	AMOX TRIPOTASSIUM CLAVULANATE	250-125MG TABS	0	3/24/2008 12:50:00 PM	DA - 871
1482823	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
1482824	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
1482825	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
1482830	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML CONTAINERS	0	3/24/2008 12:50:00 PM	DA - 871
1482848	2	0	DOE, JANE	352569	27033480016	FLUOXETINE HCL	20MG CAPS	0	3/24/2008 12:50:00 PM	DA - 871

FIG. 15.

BEST AVAILABLE COPY

UNIVERSITY Pharmacy - Medical Department				
Patient				
Medication: ACETA 160MG TAB CHEW				
Frequency: BID				
<div> <div>11</div> <div>10/10/2007 10:00 AM</div> <div>62</div> <div>17.74%</div> </div>				
<div> <div>By Column</div> </div>				
DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	STATUS
1/8/2007 3:05:36 PM	1/8/2007 3:05:36 PM	129.162.105.151	12915	ACCEPTED
1/8/2007 2:36:14 PM	1/8/2007 2:36:14 PM	129.162.105.151	12915	REFUSED
1/8/2007 2:35:04 PM	1/8/2007 2:35:04 PM	129.162.105.151	12915	ACCEPTED
1/8/2007 2:33:48 PM	1/8/2007 2:33:49 PM	129.162.105.151	12915	ACCEPTED
1/7/2007 1:59:12 PM	1/7/2007 1:59:12 PM	129.162.105.151	12915	ACCEPTED
1/16/2007 9:50:29 AM	1/16/2007 9:50:29 AM	129.162.105.151	12915	ACCEPTED
1/15/2007 3:57:44 PM	1/15/2007 3:57:45 PM	10.1.2.105	11215	ACCEPTED
1/15/2007 3:46:07 PM	1/15/2007 3:46:07 PM	10.1.2.105	11215	ACCEPTED
1/15/2007 3:44:07 PM	1/15/2007 3:44:10 PM	10.1.2.105	11215	ACCEPTED
1/15/2007 3:09:56 PM	1/15/2007 3:09:56 PM	10.1.2.110	11215	ACCEPTED
1/15/2007 3:08:41 PM	1/15/2007 3:08:41 PM	10.1.2.110	11215	ACCEPTED
1/10/2007 9:36:01 AM	1/10/2007 9:36:01 AM	129.162.105.151	12915	ACCEPTED

BEST AVAILABLE COPY

17/18

Username: Doe, John		Administer Prescriptions		1/24/2007 9:13	
Inmate #: 598808		Name: Doe, Jane		Location:	
Time Stamp: <input checked="" type="radio"/> Current <input type="radio"/> Custom MM/DD/YYYY hh:mm					
APAP 160MG/5ML ELIXIR		1/24/2007		1/24/2007 1/24/2007	
650 BOTTLE ORAL(po) THREE TIMES DAILY.					
Rx ID: 1462900		Last Taken: 1/24/2007		Start: 1/24/2007 Expires: 1/24/2007	
Route: ORAL(po)					
ACETAMINOPHEN 325MG TABLET					
2 TABLETS ORAL(po) Q3-4 HOURS.					
Rx ID: 1462901		Last Taken: 3/25/2006		Start: 3/24/2006 Expires: 6/10/2006	
Route: ORAL(po)					
ACETAMINOPHEN 325MG TABLET					
2 TABLETS ORAL(po) Q3-4 HOURS.					
Page 1 of 4					
Version: 1.0.0.0 Last Modified: 3/20/2003 8:01:14 AM					

FIG. 17.

BEST AVAILABLE COPY

Pharmacy (Pharmacy/Outstanding Pending Refs)									
Facility		USF Health System USF Health - OZ							
Patient ID #		100000		Doe, Jane		Allergies & Sensitivities		By Column	
Gender		F		DOB		1/1/2006		By Column	
Weight		140 lbs		Height		5' 00"		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/1/2006		DOB		1/1/2006		By Column	
UIC		100000		UIC		100000		By Column	
DOB		1/							

BEST AVAILABLE COPY